

APPENDIX B: APPLICATION FORMS RELATING TO 7D LICENSES & 7D VEHICLES

Pages 31, 32, 33 = 7D License Application

Page 35 = Supplemental Registration Application for 7D School Pupil Transport Vehicle



7-D SCHOOL PUPIL TRANSPORT LICENSE APPLICATION

Massachusetts Registry of Motor Vehicles - Vehicle Safety and Compliance Services

P.O. Box 199109 Boston, Massachusetts 02119-9109

Attention: 7-D Licensing

617-351-9345

CHECK ONE: ☐ **Original - \$15.00 Fee** ☐ **Renewal - \$15.00 Fee**

Important: The Medical Certificate attached to this form must be completed by a medical doctor who is licensed to practice in the Commonwealth of Massachusetts.

THIS APPLICATION *MUST* BE TYPED OR PRINTED IN INK, SIGNED, AND DATED.

AN INCOMPLETE APPLICATION WILL DELAY PROCESSING.

The applicant *must* have a valid driver's license at the time of application and the \$15.00 application fee *must* be paid by check or money

Please Print

				Sex <input type="checkbox"/> M <input type="checkbox"/> F
Last Name	First Name	MI		
Maiden Name or Alias (if applicable)				
Mailing Address	City	State		ZIP
Residential Address (if different from above)	City	State		ZIP
Telephone No. _____				
Driver License No. _____		License Class: _____ Expiration Date _____ State of Issuance _____		
Soc. Sec. No. _____		License Restrictions (List) _____		
Date of Birth ____/____/____		Height _____ Mother's Maiden Name _____		
Name of Employer		Employer's Telephone No.		
Address of Employer				

Indicate "yes" or "no" by placing an X in the proper block. If necessary, use a separate sheet of paper and attach.

1. Is your operator's license or right to operate under suspension or revocation at this time, in Massachusetts or in any other state or country?
☐ **YES** ☐ **NO** If "yes," identify the state or country in which the license or right to operate is suspended or revoked and identify the agency which took such action by name and address. Further, please indicate the date of the action and the period of suspension (if not revoked).

2. Within the past twelve months, have you admitted to sufficient facts on, or been convicted of any crimes, including motor vehicle violations (except parking fines), in Massachusetts or in any other state or country?
☐ **YES** ☐ **NO** If "yes," specify the nature of the violation, the name and address of the Court, the disposition of the charge and the date of the disposition.

3. Are you currently on parole or serving a court ordered period of probation?
☐ **YES** ☐ **NO** If "yes," identify by name and address the Parole Board, Probation Department, or Court overseeing your parole or probation and the conviction relating to such parole or probation.

4. Are you now enrolled in or have you ever been assigned to an alcohol or drug education or rehabilitation/treatment program in Massachusetts or in any other state or country?
☐ YES ☐ NO If "yes," identify the program by name and address and indicate whether you have completed the program along with the date of completion. If you did not complete the program, or if you are still enrolled in the program, please explain.
5. Have you ever been convicted of the crime of rape, unnatural act, sodomy, or the use, sale, manufacture, distribution, possession with intent to distribute, or trafficking of any of the controlled substances as listed in Massachusetts General Laws (MGL) Chapter 94C, Section 31?
☐ YES ☐ NO If "yes," identify the court in which you were convicted by name and address, the charge you were convicted of, the date of the conviction, and the disposition entered.
6. Have you been convicted within the preceding five years of operating a motor vehicle while under the influence of intoxicating liquor, or of marijuana, narcotic drugs, depressants or stimulant substances, as defined in Massachusetts General Laws, Chapter 94C, Section 1, or the vapors of glue?
☐ YES ☐ NO Note: For purposes of question 6 only, any person who consented to have any such case disposed of under the provisions of Massachusetts General Laws, Chapter 90, Section 24D, shall be deemed to be convicted.
- If "yes," identify the court in which you were convicted by name and address, the charge you were convicted of, the date of the conviction, and the disposition entered.
7. Has your current license been in effect continuously for three (3) years preceding this Application? Note: A certified out-of-state driving record may be required.
☐ YES ☐ NO If "no," please explain.

Note: Upon review of the application, including the information provided by the applicant and information obtained from independent sources, the Massachusetts Registry of Motor Vehicles (RMV) reserves the right to require additional information to supplement or clarify a response or to obtain a response where none was provided. The RMV may deny an applicant a Section 7D School Pupil Transport License if the Registrar determines that: (1) the applicant has a driving history that demonstrates an inability to safely and responsibly transport school pupils; (2) the applicant is not medically fit for such a license; (3) the applicant lacks "good moral character"; or (4) the law prohibits the issuance of such license to the applicant.

Applicant's Signature is Required or Application Will Be Returned

I hereby certify that the information provided in this application is true, accurate, and complete, and I authorize the physician completing the attached medical certificate to discuss and release any or all medical records pertaining to its content with or to representatives of the Registry of Motor Vehicles (RMV).

 Applicant's Signature

 Date

False statements are punishable by fine, imprisonment, or both (Chapter 90, Section 24.)

If this is a renewal please include a check or money order for \$15.00 payable to RMV or Registry of Motor Vehicles and mail **directly** to:

**Vehicle Safety and Compliance Services
 P.O. Box 199109 Boston, Massachusetts 02119-9109
 Attention: 7-D Licensing**

This area for RMV Branch use only

☐ Approved ☐ Denied

Written Exam: ☐ Pass ☐ Fail

 Examiner's Number

 Examiner's Signature

 Branch Location

 Date

Branch Personnel: After grading this **Original Application**, please forward with the required check or money order for \$15.00 payable to RMV or Registry of Motor Vehicles **directly** to **Vehicle Safety & Compliance Services** at Copley in Boston.

MEDICAL CERTIFICATE Physician's Use Only

Applicant's Name _____ DOB ____ / ____ / ____ Social Security No. _____

1. (a) Does the applicant have a distant visual acuity of at least 20/40 (Snellen) in each eye, with or without corrective lenses (excluding bioptic telescopic lenses)?
☐ YES ☐ NO
 (b) Does the applicant use corrective lenses (excluding bioptic telescopic lenses) for driving?
☐ YES ☐ NO
 (c) Does the applicant have a combined horizontal peripheral field of vision of not less than 120 degrees in both eyes (combined)?
☐ YES ☐ NO
 (d) Can the applicant distinguish the colors red, green, and amber?
☐ YES ☐ NO
2. Can the applicant perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500Hz, 1000 Hz, and 2000Hz with or without a hearing aid when the audiometric device is calibrated to the American National Standard?
☐ YES ☐ NO
3. Does the applicant have a diagnosed respiratory disease/disorder?
☐ YES ☐ NO
 If "Yes" does the applicant have an O₂ saturation rate of greater than 88%, at rest or with minimal exertion, with or without supplemental oxygen?
☐ YES ☐ NO
4. If currently diagnosed as having diabetes mellitus: ☐ NOT APPLICABLE, go to question #5
 (a) Has the applicant ever had a hypoglycemic episode or spell?
☐ YES ☐ NO
 (b) Is the applicant insulin dependant?
☐ YES ☐ NO
5. (a) Does the applicant have an implanted cardiac defibrillator?
☐ YES ☐ NO
 (b) Is the applicant classified as a Class III or Class IV heart patient according to the American Heart Association's functional guidelines for classifying heart disease?
☐ YES ☐ NO
6. (a) Does the applicant have any loss of foot, leg, fingers, hand, or arm likely to interfere with safe driving?
☐ YES ☐ NO
 (b) Does the applicant have any impairment of use of foot, leg, fingers, hand, or arm likely to interfere with safe driving?
☐ YES ☐ NO
 (c) Does the applicant have any other physical condition likely to interfere with safe driving?
☐ YES ☐ NO
7. Does the applicant have any mental, nervous, organic, or functional disease likely to interfere with safe driving?
☐ YES ☐ NO
8. Does the applicant have any contagious or communicable disease?
☐ YES ☐ NO
9. Is the applicant addicted to the use of narcotics or habit forming drugs or tranquilizers or stimulants or the excessive use of alcoholic beverages or liquors?
☐ YES ☐ NO

Additional Comments: _____

Physician MUST check-off one box and provide signature

Please check one of the following categories:

I hereby certify that in my professional opinion and to a reasonable degree of medical certainty,

- ☐ the applicant named above is medically qualified to operate a school pupil transport vehicle safely.
- ☐ the applicant named above is NOT medically qualified to operate a school pupil transport vehicle safely.

I hereby certify that the information provided herein is true, accurate, and complete:

Physician's Name (print) _____ Street Address & City _____

Registration # _____ Signature _____ Date _____ Telephone # _____

